



PATENT
Attorney Docket No. BSC-157 DV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Reever
SERIAL NO.: 10/672,599 GROUP NO.: 3761
FILED: September 26, 2003 EXAMINER: Not yet
assigned
TITLE: APPARATUS AND METHODS FOR TREATING THE
URINARY BLADDER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:
☒ omitted

Error In

1. ☒ Domestic Priority data as claimed by applicant

Correct Data

1. This application is a DIV of 09/957,206 09/20/2001 PAT 6,648,863
2. This application claims benefit of 60/233,881, filed 9/20/2000

Applicants request that the missing claim be added, as indicated.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "G E Worth", written over a horizontal line.

Gerald E. Worth
Attorney for Applicants
Testa, Hurwitz, & Thibault, LLP
High Street Tower
125 High Street
Boston, Massachusetts 02110

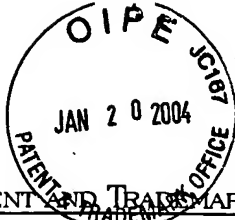
Date: January 15, 2004
Reg. No. 45,238

Tel. No.: (617) 310-8176
Fax No.: (617) 248-7100

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UNITED STATES PATENT AND TRADEMARK OFFICE



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/672,599	09/26/2003	3761	834	BSC-157DV	10	12	4

CONFIRMATION NO. 1962

FILING RECEIPT



OC000000011531259

021323
TESTA, HURWITZ & THIBEAULT, LLP
HIGH STREET TOWER
125 HIGH STREET
BOSTON, MA 02110

Date Mailed: 12/18/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Kenneth Reeve, Hopedale, MA;

RECEIVED

DEC

Assignment For Published Patent Application

SCIMED Life Systems, Inc., Maple Grove, MN;

PATENT DEPARTMENT
TESTA, HURWITZ & THIBEAULT, LLP

Domestic Priority data as claimed by applicant

This application is a DIV of 09/957,206 09/20/2001 PAT 6,648,863

This application claims benefit of 60/233,881 Filed: 9/20/2000

Foreign Applications

If Required, Foreign Filing License Granted: 12/18/2003

Projected Publication Date: 03/25/2004

Non-Publication Request: No

Early Publication Request: No

Title

Apparatus and methods for treating the urinary bladder

Preliminary Class

604

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

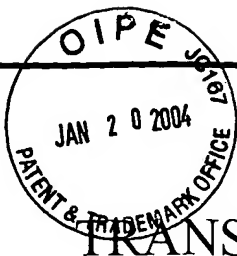
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TRANSMITTAL FORM

Application Serial Number	10/672,599
Filing Date	September 26, 2003
First Named Inventor	Reever
Group Art Unit	3761
Examiner Name	Not yet assigned
Attorney Docket No.	BSC-157 DV
Patent No.	Not applicable
Issue Date	Not applicable

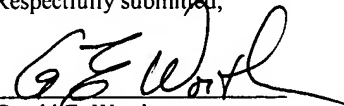
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Copy of Filing Receipt with Corrections, marked in red. <input type="checkbox"/> Associate Power of Attorney
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

 Date: January 15, 2004
 Reg. No. 45,238
 Tel. No.: (617) 310-8176
 Fax No.: (617) 248-7100
 Gerald E. Worth
 Attorney for Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110



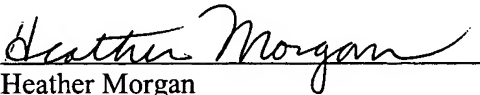
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TITLE: Apparatus and Methods for Treating the Urinary Bladder

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450 on this 14th day of January, 2004.


Heather Morgan

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Request for Corrected Filing Receipt (2 pages);
3. Copy of Filing Receipt with corrections marked in red (2 pages);
4. and a return receipt postcard.